

# EEOST CAPITAL GRANT APPLICATION FORM

## I. CONTACTS, PROJECT INFORMATION, BUDGET

APPLICANT INFORMATION		
Name of Applicant Organization:		
Name of Organization with ECE and/or OST License:		
Address:		
Contact Person:		Title:
Phone #:	Fax #:	E-mail:
Amount Requested:	Date Submitted:	

EXECUTIVE DIRECTOR INFORMATION		
Name of Executive Director:		
Address:		
Phone #:	Fax #:	E-mail:

PROJECT INFORMATION		
Name of Project:		
Municipality:	Address:	
Project Description: <i>Please provide a brief narrative describing the proposed project.</i>		
Project Description (check all that apply): <input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Acquisition <input type="checkbox"/> Design <input type="checkbox"/> Renovation		
Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Leased		
Landlord Type: <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Municipality <input type="checkbox"/> Other (Specify: )		
Lease Term:      Date lease expires:		
Total Dev Cost:	Square Feet:	sq. ft.      Cost/Sq. Ft.:

PROPOSED PROJECT FINANCING				
Uses	Amount	Sources	Amount	Status
Acquisition		Long Term Debt Source:		
Construction		Amortizing debt Source:		
Design		Federal funds Source: Source:		
Soft Costs		Equity		
Furnishings/Equipment		Capital Campaign		
Refinance		State funds EEOST Capital Fund Source: Source:		
Developer Fee/Overhead		Local funds Source: Source:		
Other (      )		Private funds Source:		
		Other (      )		
<b>Total Uses:</b>	<b>\$ 0.00</b>	<b>Total Sources:</b>	<b>\$ 0.00</b>	
Status: P=Proposed; L=Letter of Interest; A=Application Pending; C=Commitment				

EEOST CAPITAL GRANT REQUEST	
Grant Type	Amount
Acquisition	
Design	
Construction & Rehabilitation	
Pre-development/Soft Costs for the project	
<b>Total EEOST Request</b>	<b>\$ 0.00</b>

Note: All pink fields are auto-calculations.

## **II. ORGANIZATIONAL INFORMATION**

1. Are you a 501(c)3 non-profit organization?

☐ Yes or ☐ No

➔ **Please include IRS letter in application.**

2. Are you a Massachusetts Corporation formed under M.G.L. Chapter 180?

☐ Yes or ☐ No

➔ **Please include Articles of Incorporation in application.**

3. If this organization is a subsidiary of another corporation, please note the legal name of the parent corporation.

4. What year did your organization begin providing Early Care and Education and/or Out-of-School Time (ECE and/or OST) services?

\_\_\_\_\_ (year only)

5. Do you provide ECE and/or OST only or are you a multi-service organization?

☐ ECE and/or OST only or ☐ Multi-service organization

- a. Do you provide full time year round ECE care?

☐ Yes or ☐ No

- b. Do you provide School Age wrap around care?

☐ Yes or ☐ No

- c. Provide Description of Organization

6. Is your organization minority-managed? (A minority-managed organization is one in which the chief professional officer and at least 50% of the Board are minorities.)

☐ Yes or ☐ No

7. Is your organization women-managed? (A women-managed agency is one in which the chief professional officer, and at least 50% of the Board are women.)

☐ Yes or ☐ No

8. For multi-site programs, please list the sites where large group and/or school age care is provided by your organization.

<b>Site Name</b>	<b>Street Address and Municipality</b>
1.	
2.	
3.	
4.	

**Please fill in the “Grant Application Addendum: Slot Chart Form for Additional Sites” (page 22 of this application) for each ECE or OST site in addition to the site of the proposed project to be completed below.**

9. Please fill in the following grid for the **PROPOSED PROJECT SITE**. Children who are not in EEC or Head Start slots, but whose families receive other public subsidies should be listed below. That data will be included in the final calculation on the % of children on public subsidy in your program. If your organization proposes an expansion in the number of available slots, please prepare the grid based on expansion plans.

**SITE NAME:** \_\_\_\_\_

<b>Age Groups Served</b>	<b>Infants</b>	<b>Toddlers</b>	<b>Preschool</b>	<b>Out-of-School Time</b>	<b>TOTALS</b>
1. Licensed Capacity					0
2. Total # of EEC contract & voucher and Head Start slots					0
3. Current public subsidies slots (EEC + Head Start) filled					0
4. Current scholarships slots					0
5. Current full tuition slots					0
6. Total current slots (#3. + #4. + #5.)	0	0	0	0	0
7. % of total slots on public subsidy (#3. divided by #6.)					

<b>Age Groups Served</b>	<b>Infants</b>	<b>Toddlers</b>	<b>Preschool</b>	<b>Out-of-School Time</b>	<b>TOTALS</b>
1. Number of slots that will be improved by the proposed project					0
2. Number of slots that will be added by the proposed project					0
3. If your program is losing its current site, indicate the number of slots that will be preserved by relocating to another site					0

Note: All pink fields are auto-calculations.

10. Please fill in the following grid for children in your program who receive **OTHER PUBLIC SUBSIDIES** but are not currently in an EEC or Head Start slot. **Please count each child only once.**

**Children (family) receiving another public subsidy including:**

- On the wait list for an EEC subsidy or for Head Start
- Transitional Aid to Families with Dependent Children (TAFDC)
- Supplemental Security Income Benefits
- Supplemental Nutrition Assistance Program (SNAP) or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- In Section 8 housing or on the wait list for Section 8 housing subsidy
- Low Income Home Energy Assistance Program (LIHEAP)
- Medicaid and/or Children's Health Insurance Program (CHIP)
- Family claiming Earned Income Tax Credit
- Homeless Families

**SITE NAME:** \_\_\_\_\_

<b>Children (family) receiving another public subsidy including:</b>	<b>Infants</b>	<b>Toddlers</b>	<b>Preschool</b>	<b>Out-of-School Time</b>	<b>TOTALS</b>
<b>Total</b> number of children (family) receiving another public subsidy*					0

***\*You must have documentation available for families receiving other public subsidies and be able to document the subsidy for term of the grant, if awarded.***

11. How many (if any) children will the **PROPOSED PROJECT SITE** serve of the following special populations? (Numbers served in each category may be duplicative, i.e. a homeless African-American child should be counted in both the "Non-White" and "children of homeless families" categories.)

\_\_\_\_\_ Non-White Children  
 \_\_\_\_\_ Children of Homeless Families  
 \_\_\_\_\_ Children of Teenage Parents  
 \_\_\_\_\_ Children with Special Needs  
 \_\_\_\_\_ Children whose first language is not English

12. What is the licensing status of the proposed site?

☐ Licensed – Provide Date: \_\_\_\_\_  
☐ License Pending

13. What is the accreditation status of the proposed project site?

- ☐ Accredited  
☐ In process  
☐ Not involved in accreditation

Please describe:

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14. Are other sites accredited by the Council on Accreditation (COA)?

- ☐ Yes or ☐ No

15. Are other sites accredited by the National Association for the Education of Young Children (NAEYC)?

- ☐ Yes or ☐ No

16. At what level did you assess the proposed site in the QRIS application and self assessment submitted to the MA Department of Early Education and Care? Please select only one response.

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> Level 1 | <input type="checkbox"/> Level 3 |
| <input type="checkbox"/> Level 2 | <input type="checkbox"/> Level 4 |

17. At what QRIS level did EEC verify the proposed site? Please select only one response.

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> Level 1 | <input type="checkbox"/> Level 3 |
| <input type="checkbox"/> Level 2 | <input type="checkbox"/> Level 4 |

18. If you have not participated in QRIS yet for the proposed project site, then at what QRIS level did you assess your current site or sites.

# of sites at Level 1	<table border="1"><tr><td></td></tr></table>		# of sites at Level 3	<table border="1"><tr><td></td></tr></table>	
# of sites at Level 2	<table border="1"><tr><td></td></tr></table>		# of sites at Level 4	<table border="1"><tr><td></td></tr></table>	

19. If you have received notification from EEC regarding QRIS ratings, please indicate the EEC verified QRIS levels for the site(s):

# of sites at Level 1	<table border="1"><tr><td></td></tr></table>		# of sites at Level 3	<table border="1"><tr><td></td></tr></table>	
# of sites at Level 2	<table border="1"><tr><td></td></tr></table>		# of sites at Level 4	<table border="1"><tr><td></td></tr></table>	

### **III. PROJECT OVERVIEW**

1. **Site Description:** Please describe the property including the site's appropriateness for an ECE and/or OST program. For buildings include information on the lot size, number of buildings, number of floors, square footage and type of construction. For vacant lots include information on the lot size.

2. **Zoning:** Does project conform to existing zoning? If not, provide information related to the necessary variances.

Date of application for variances: \_\_\_\_\_

3. **Environmental:** Identify environmental reviews/assessments to be undertaken.

- ➔ ***Please attach site assessments performed (if available). If not available, when will those be completed? \_\_\_\_\_***

#### **Renovation**

4. **Scope of Renovation or Improvement:** Briefly describe substandard conditions and structural deficiencies to be repaired, major systems to be replaced, other, etc.

#### **New Construction**

5. **Scope of New Construction:** Briefly describe site conditions to be addressed, new buildings, systems and outdoor play areas to be constructed, other, etc.

6. **Cost Estimates:** Please explain how cost estimates were derived. Please give estimated per square foot cost.

7. **Relocation:** Will any services in the existing buildings be relocated or displaced?

☐ Yes or ☐ No

If yes, please describe the reason for relocation.

8. **Sustainable and Healthy Development Considerations:** Please provide the following information on whether the proposed project is consistent with the following Sustainable and Healthy Development principles:

- ☐ Building Materials/Systems promote healthy and comfortable interior environments
- ☐ Furnishing/Equipment promote healthy and comfortable interior environments
- ☐ Minimize negative impact on environment
- ☐ Preserve and restore natural outdoor environments
- ☐ Promote clean energy
- ☐ Protecting land and ecosystems
- ☐ Sustainable and healthy site selection
- ☐ Using natural resources wisely



## **IV. PROJECT FEASIBILITY**

### 1a. **If you own the property**

Describe how long the organization has owned the property, including the date of purchase.

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➔ ***Please attach a copy of the Deed for the property***

### 1b. **If you are purchasing the property**

**Site Control:** Describe status of ownership or plan to acquire site control.

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If site control has been established, what form of site control do you have?

Type of Agreement			
Agreement Date		Expiration Date	
Purchase Price			
Name of Seller			

➔ ***Please attach Purchase and Sale Agreement***

Is there any identity of interest between the buyer and seller?

☐ Yes or ☐ No

If yes, please describe.

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### 1c. **If you are leasing the property**

**Site Control:** Describe the lease term.

--

If site control has been established, what form of site control do you have?

Type of Agreement			
Agreement Date		Expiration Date	

➔ ***Please attach Lease***

Is there any identity of interest between the landlord and tenant?

☐ Yes ☐ No

If yes, please describe.

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2. **Financing Plan:** Please describe funding sources you will seek for this project, the status of each funding source, when you plan to apply, and a backup plan if any.

3. **Community Process:** Please describe any anticipated or completed community process related to the project. Identify areas of anticipated or identified support/opposition.

4. **Local Support:** Please describe, if any, municipal or other local commitment to the project.

➔ ***Please attach letters of support***

5. **Market Analysis:** Please describe the market for an ECE and/or OST program in this location.

Has a professional market study been completed for target area?

☐ Yes ☐ No

***If yes, please attach.***

## V. ACQUISITION & LEASE INFORMATION

### Purchased Property

1. **Proposed Purchase Price:**

Land/Buildings	
Municipal Obligations	
Other Liens	
Total	\$ 0.00

Please explain any outstanding municipal obligations or other liens.

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→ **Justification of Proposed Purchase Price:** Attach documentation such as appraisal, recent sales history, recent comparables or broker's opinion.

2. **Interim Operating Costs:**

Taxes	
Insurance	
Utilities	
Security	
Interest	
Relocation	
Other:	
Other:	
Total	\$ 0.00

**Sources** (please explain how you propose to pay the interim operating costs):

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3. **Title Survey:** Has a title rundown been conducted for the property?

☐ Yes or ☐ No

→ **If yes, please attach a statement identifying any title flaws or encumbrances on the property and describe the planned remedy.**

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## **Leased Property**

### 4. **Annual Lease Cost:**

Land/Buildings	
Other	
<b>Total</b>	<b>\$ 0.00</b>

### 5. **Interim Operating Costs:**

Insurance	
Utilities	
Security	
Relocation	
Other:	
Other:	
<b>Total</b>	<b>\$ 0.00</b>

**Sources** (please explain how you propose to pay the interim operating costs):

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## **VI. Development Schedule**

	<b>Start Date</b>	<b>End Date</b>
Site Control		
Submission of Financing Applications		
Receipt of Financing Commitments		
Acquisition of Property		
Regulatory and Zoning Reviews & Approvals		
Building Permit		
Construction Start		
Construction Completion		
Full Enrollment		

## VII. SOURCES AND USES OF FUNDS

### SOURCES OF FUNDS

#### Permanent Sources

##### Private Equity:

Capital Campaign

Developer's Fee/Overhead

Other Source:

**Total Private Equity** \$ 0.00

##### Public Equity:

EEOST Capital Funds

Other Source:

Other Source:

**Total Public Equity** \$ 0.00

##### Permanent Debt (senior):

Lender	Rate (%)	Amort (yrs)	Term (yrs)	Annual Debt Service	Loan Amount
	%				
	%				
<b>Total Permanent Senior Debt</b>					<span style="background-color: #f8d7da;">\$ 0.00</span>

##### Subordinate Debt:

Source	Rate (%)	Amort (yrs)	Term (yrs)	Loan Amount
	%			
	%			
	%			
<b>Total Subordinate Debt</b>				<span style="background-color: #f8d7da;">\$ 0.00</span>

**Total Permanent Sources** \$ 0.00

#### Construction Period Financing

##### Construction Loan:

Source	Rate (%)	Term (mos)	Loan Amount
	%		

##### Construction Period Equity:

Source	Rate (%)	Term (mos)	Amount
	%		

##### Other Interim Loan:

Source	Rate (%)	Term (mos)	Loan Amount
	%		

**Total Construction Period Financing** \$ 0.00

➔ **Please attach letters of interest from funding sources**

## USES OF FUNDS

### Development Budget:

	Total
<b>Acquisition</b>	
Direct Construction	
Construction Contingency	
<b>Subtotal: Construction</b>	<b>\$ 0.00</b>
Architectural & Engineering	
Project Manager	
Capital Campaign Consultant	
Environmental Analysis	
Survey and Permits	
Legal	
Title & Recording	
Development Consulting	
Appraisal	
Construction Loan Interest	
Clerk of the Works	
Real Estate Taxes	
Insurance	
Accounting & Cost Certification	
Relocation	
Security	
Inspections	
Fees to:	
Fees to:	
Other Financing Fees	
Other:	
Other:	
Soft Cost Contingency	
<b>Subtotal: General Development</b>	<b>\$ 0.00</b>
Capitalized Reserves	
Developer Fee/Overhead (5% maximum)	
<b>Total Development Cost</b>	<b>\$ 0.00</b>

Note: All pink fields are auto-calculations.

## VIII. DEVELOPMENT TEAM

For each team member listed, please indicate whether the organization is a **minority business enterprise (MBE)** – one in which the chief professional officer and at least 50% of the Board are minorities, or a **women business enterprise (WBE)** – one in which the chief professional officer and at least 50% of the Board are women.

### APPLICANT:

Address		
Executive Director/President		
Telephone		Email:
Chief Financial Officer		
Telephone		Email:
MBE <input type="checkbox"/> WBE <input type="checkbox"/>		

### DEVELOPER (if different from Applicant):

Address		
Contact Person		Title:
Telephone		Fax:
E-Mail Address		
MBE <input type="checkbox"/> WBE <input type="checkbox"/>		

### OTHER DEVELOPMENT PARTNER:

Address		
Contact Person		Title:
Telephone		Fax:
E-Mail Address		
MBE <input type="checkbox"/> WBE <input type="checkbox"/>		

### ARCHITECT:

Address		
Contact Person		
Telephone		Fax:
E-Mail Address		
MBE <input type="checkbox"/> WBE <input type="checkbox"/>		

### ATTORNEY:

Address		
Contact Person		
Telephone		Fax:
E-Mail Address		
MBE <input type="checkbox"/> WBE <input type="checkbox"/>		

### CAPITAL CAMPAIGN CONSULTANT:

Address		
Contact Person		
Telephone		Fax:
E-Mail Address		
MBE <input type="checkbox"/> WBE <input type="checkbox"/>		



**DEVELOPMENT CONSULTANT:**

Address  
Contact Person  
Telephone  
E-Mail Address

	Fax:

MBE ☐ WBE ☐

**GENERAL CONTRACTOR:**

Address  
Contact Person  
Telephone/Fax  
E-Mail Address

	Fax:

MBE ☐ WBE ☐

**PROJECT MANAGER:**

Address  
Contact Person  
Telephone/Fax  
E-Mail Address

	Fax:

MBE ☐ WBE ☐

**OTHER CONSULTANT:**

Address  
Contact Person  
Telephone/Fax  
E-Mail Address

	Fax:

MBE ☐ WBE ☐

➔ ***Please attach resumes for development team members.***

**Consultant Selection:**

☐ Please attach a statement that describes the process which the applicant proposes to use (or has used) in selecting consultants to provide development assistance. Please note: Engaging highly qualified architects, engineers and contractors with successful experience in ECE and/or OST center design and construction is required.

☐ Please check if you solicited participation of minority and women owned construction companies or development team members for the proposed project.

## **IX. GENERAL DEVELOPMENT COSTS BUDGET**

<b>Item</b>	<b>Total Cost Prior to Closing</b>	<b>Requested from EEOST Capital Fund</b>	<b>Committed/Projected from Other Sources</b>
Appraisal			
Architectural			
Capital Campaign			
Development			
Consultant			
Engineering			
Legal Fees			
Project Manager			
Other Consultants			
<u>Application Fees</u>			
Zoning			
Financing			
Permitting			
Other Fees:			
Site Control			
Developer Fees			
Other:			
<b>Total</b>	<b>\$ 0.00</b>	<b>0</b>	<b>\$ 0.00</b>

*Note: All pink fields are auto-calculations.*

## **X. PROPOSED USE OF FUNDS**

**Please attach additional pages as necessary.**

1. Type of Project (please select all that apply):

- ☐ Acquisition of real property
- ☐ Repair, rehabilitation, and/or renovation of an existing site
- ☐ Construction of a new site
- ☐ Soft costs directly related to development of the facility
- ☐ Other:

2. Describe the need for this project and the expected benefit for your community. Describe why you need to increase capacity and/or improve the quality of your program, including licensing compliance, health or safety concerns, accreditation and QRIS. Why do you need capital funds to meet these needs?

3. How has the project been planned to date? Who has participated?

4. Describe the grant amount requested. This figure should be consistent with the EEOST Capital Fund's guidelines.

## **XI. FINANCIAL PLANNING**

**NOTE: If you are a multi-service organization, please make sure that answers to questions about financial planning, loan history and litigation refer to the entire organization, not just the ECE and/or OST program.**

1. Please check which statements your organization prepares and how often:

	<b><i>Monthly</i></b>	<b><i>Quarterly</i></b>	<b><i>Yearly</i></b>	<b><i>Do Not Prepare</i></b>
Balance Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash Flow Projections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify: )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Who prepares these financial statements? Please state if this person is on staff or is a contractor. (Name, Title, Phone Number and Email Address)

3. Does your board review these financial statements?

☐ Yes ☐ No

How frequently?

4. Does your board track and monitor cash flow?

☐ Yes ☐ No

How frequently?

5. Are your financial statements prepared on a cash or an accrual basis?

6. What is your fiscal year? (i.e., July 1-June 30; January 1-December 31)

7. Who audits your financial statements? (Note: If your budget is over \$500,000, you are required to submit audited statements.) How often are you audited? When was the last audit?

8. Does your organization receive sufficient Federal Funding that the agency has a Federal Funds audit under Circular A-133?

☐ Yes ☐ No

If yes (your organization is audited), did the auditor issue a management letter?

☐ Yes ☐ No

9. Does your organization currently have any outstanding debt with the Internal Revenue Service and/or the MA Dept. of Revenue?

☐ Yes ☐ No

If yes, please explain.

10. Has your organization ever been assessed a penalty by the IRS and/or the MA Dept. of Revenue?

☐ Yes ☐ No

If so, when?

11. Has your organization been involved in any litigation in the past year or at this time? If so, please describe.

12. Has your organization borrowed money previously?

☐ Yes ☐ No

If so, please describe how much was borrowed, including any mortgages, for what purpose and from whom. Were there any problems encountered during the course of any of these loans? Please explain.

<b>Lender</b>	<b>Amount Borrowed</b>	<b>Date Loan Began</b>	<b>Purpose/ Type of Loan</b>	<b>Interest Rate</b>	<b>Monthly Payment</b>	<b>Due Date</b>	<b>Current Balance</b>
				%			
				%			
				%			
				%			

Explanation:

**Grant Application Addendum**  
**Slot Chart Form for Additional Sites listed in II. 8.**

Please complete a separate form for each ECE or OST site managed by your organization in addition to the site of the proposed project.

**SITE NAME:** \_\_\_\_\_

Age Groups Served	Infants	Toddlers	Preschool	Out-of-School Time	TOTALS
1. Licensed Capacity					0
2. Total # of EEC contract & voucher and Head Start slots					0
3. Current public subsidies slots (EEC + Head Start) filled					0
4. Current scholarships slots					0
5. Current full tuition slots					0
6. Total current slots (#3. + #4. + #5.)	0	0	0	0	0
7. % of total slots on public subsidy (#3. divided by #6.)					

**SITE NAME:** \_\_\_\_\_

Age Groups Served	Infants	Toddlers	Preschool	Out-of-School Time	TOTALS
1. Licensed Capacity					0
2. Total # of EEC contract & voucher and Head Start slots					0
3. Current public subsidies slots (EEC + Head Start) filled					0
4. Current scholarships slots					0
5. Current full tuition slots					0
6. Total current slots (#3. + #4. + #5.)	0	0	0	0	0
7. % of total slots on public subsidy (#3. divided by #6.)					

SITE NAME: \_\_\_\_\_

Age Groups Served	Infants	Toddlers	Preschool	Out-of-School Time	TOTALS
1. Licensed Capacity					0
2. Total # of EEC contract & voucher and Head Start slots					0
3. Current public subsidies slots (EEC + Head Start) filled					0
4. Current scholarships slots					0
5. Current full tuition slots					0
6. Total current slots (#3. + #4. + #5.)	0	0	0	0	0
7. % of total slots on public subsidy (#3. divided by #6.)					

SITE NAME: \_\_\_\_\_

Age Groups Served	Infants	Toddlers	Preschool	Out-of-School Time	TOTALS
1. Licensed Capacity					0
2. Total # of EEC contract & voucher and Head Start slots					0
3. Current public subsidies slots (EEC + Head Start) filled					0
4. Current scholarships slots					0
5. Current full tuition slots					0
6. Total current slots (#3. + #4. + #5.)	0	0	0	0	0
7. % of total slots on public subsidy (#3. divided by #6.)					